24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 11 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
SMP	C C00484642
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report filed on Amends report 148-hour report	
Full Name of Payee Waterfront Strategies	ate of Public Distribution/Dissemination
	11 01 2022 mount
Ste 100	
	1707592.28 ransaction ID : 500153234
Purpose of Expenditure Media Buy - Estimate Category/ Type	ate of Disbursement or Obligation
Name of Federal Candidate Support Office Sc	ought: House District: 00
Johnson Ronald	esident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disburses 2022	ment For:
Full Name of Payee D.	ate of Public Distribution/Dissemination
Mailing Address	mount
City State Zip Code	
Purpose of Expenditure Category/ Type Divide the second content of the second content	ate of Disbursement or Obligation
Name of Federal Candidate Support Office So Oppose	ought: House District:
	ement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	19816608.18
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Lambe, Rebecca, , , [Electronically Filed] Date Signature	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y